ICMJE DISCLOSURE FORM

Date: 04 10 2022	
Your Name: 1 Voischalls GAVRIII 215 Manuscript Title: Evaluation of the Current Guidel	The for the management of harmonds.
Manuscript number (if known): A1M-22-4255-C	average hours and white
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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
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2	Grants or contracts from any entity (if not indicated in item,#1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Time frame: past 36 months

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Grants or contracts from any entity (if not indicated

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Consulting fees

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	speakers bureaus, manuscript writing or educational events		
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
	Patents planned, issued or pending	None	
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	Payment for expert testimony	None
	Support for attending meetings and/or travel	None
	Patents planned, issued or pending	None
. 5	Participation on a Data Safety Monitoring Board or Advisory Board	None
i	Leadership or fiduciary role n other board, society, committee or advocacy group, paid or unpaid	None
	Stock or stock options	None
r	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
	Other financial or non- inancial interests	None

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Please place an "X" next to the following statement to indicate your agreement:

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Please summarize the above conflict of interest in the following box:

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